



02-13-03

1651

PATENT
Docket No. 01895300

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of:)
Zouboulis, Christos)
Serial No.: 09/920,392) Examiner: L. Lankford, Jr.
Filed: August 1, 2001) Group Art Unit: 1651
For: Sebocytes, Sebocyte-cell line and)
uses thereof)
)
)
)
)
)

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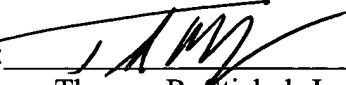
Transmitted herewith for the above-captioned patent application are:

1. Amendment and Response to September 12, 2002 Office Action;
2. Copy of RECOGNITION OF THE DEPOSIT OF MICROORGANISMS FOR
THE PURPOSES OF PATENT PROCEDURE;
3. Request for Extension of Time
4. Declaration of Dr. Christos C. Zouboulis;
5. Fee Transmittal Form; and
6. Postcard, to acknowledge receipt of same.

The Commissioner is hereby authorized to charge any additional filing fees required under Rule 1.17 concerning this transaction, or to credit any overpayment to Deposit Account 13-0019.

Respectfully submitted,

Dated: February 12, 2003

By: 

Thomas R. Stiebel, Jr.

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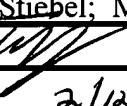
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		Application Number	09/920,392
		Filing Date	August 1, 2001
		First Named Inventor	Christos Zouboulis
		Art Unit	1651
		Examiner Name	L. Lankford, Jr
Total Number of Pages in This Submission	35	Attorney Docket Number	01895300

ENCLOSURES (Check all that apply)

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<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Thomas R. Stiebel; Mayer, Brown, Rowe, & Maw
Signature	
Date	2/12/03

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Attachment to (PTO/SB/21) Transmittal Form (continued)

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